



Enhancing Access, Protecting Tomorrow for People With Diabetes: Role of Community Health Workers

Division of Diabetes Translation

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Moderator



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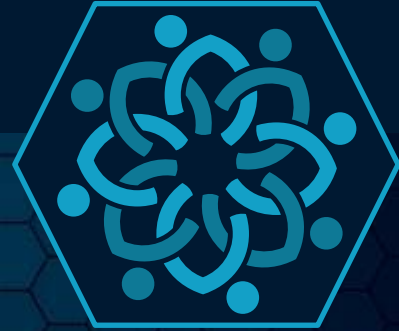


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Dr. Christopher Holliday, Director



Centers for Disease Control and Prevention
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Today's Objectives

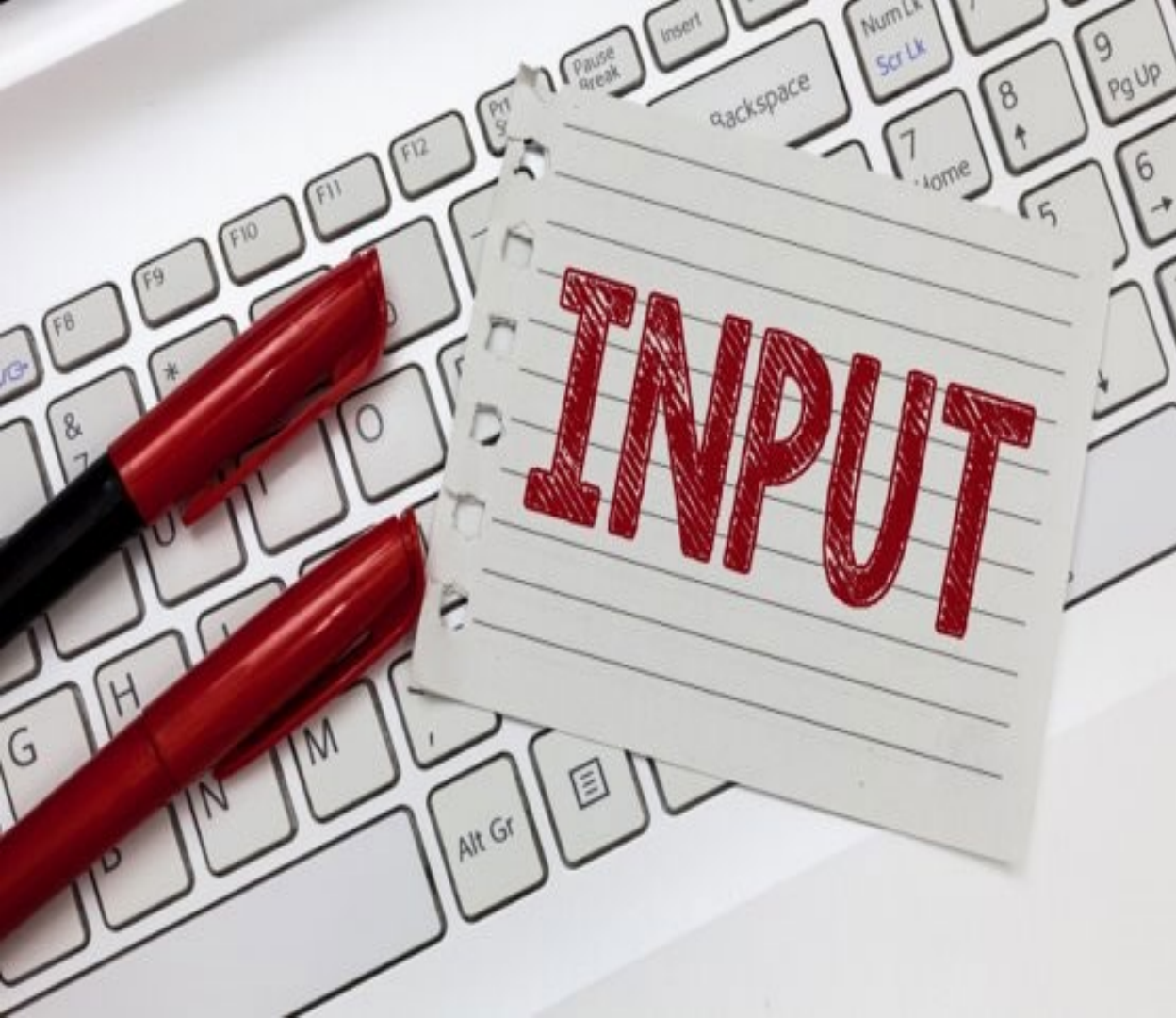
- Analyze inequities in access to diabetes self-management education and support (DSMES) services and identify opportunities to enhance or expand access.
- Explain the unique role that community health workers (CHWs) can play to deliver culturally sensitive DSMES services as part of team-based care models in both clinical and community-based settings.
- Explore tools and resources to support capacity-building of organizations and individual providers in implementing best practices for effectively engaging with CHWs to reduce diabetes-related health disparities.

Today's Presenter

Paulina N. Duker, MPH, BSN, RN, CDCES,

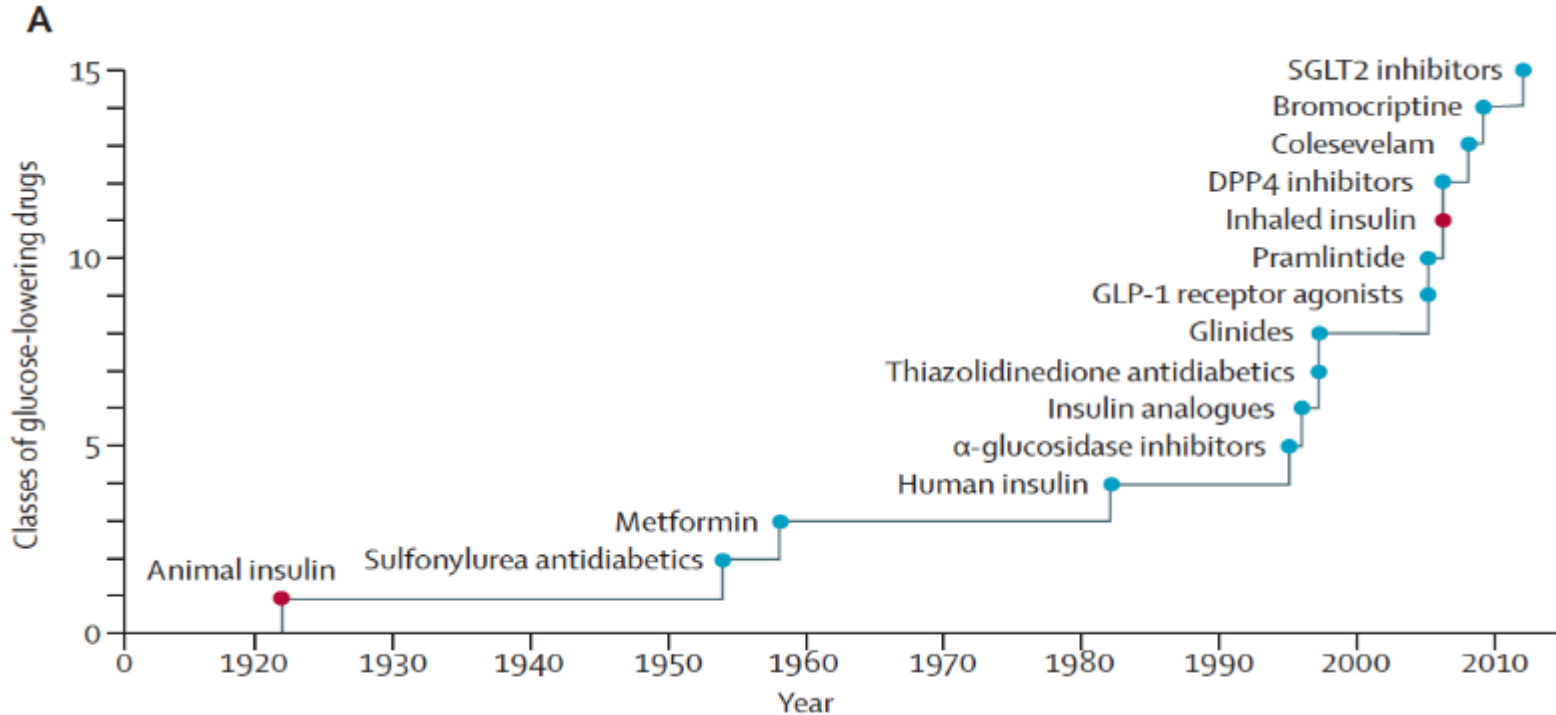
Vice President of Practice & Learning,
Association of Diabetes Care & Education
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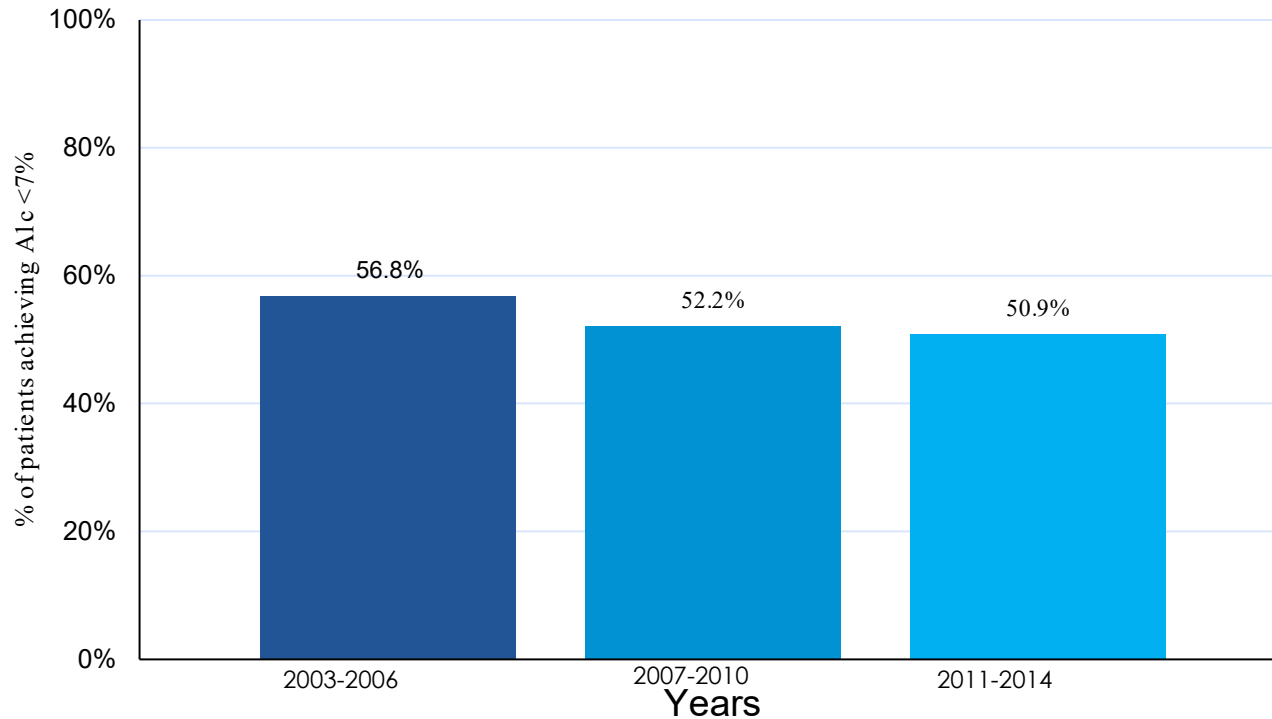
Pharmacotherapy for T2D



Adapted from Kahn S, Cooper M, Del Prato S. *Lancet* 2014; 383: 1068–83

Courtesy: Y. Handelsman 2022

No Improvement of A1c in Patients With Diabetes¹



Disproportionate Workforce

- 8,524 endocrinologists¹
 - (1/4340)
- ~20,000 CDCES²
 - (1/1850)
- Other
 - Primary Care – Family Physicians, NPs, PAs
 - Non-specialist RNs, RDs, PharmDs, etc.
 - CHWs/Peer supporters



1. <https://www.statista.com/statistics/209424/us-number-of-active-physicians-by-specialty-area/>
2. <https://www.cbdce.org/>

DSMES Is Underutilized

ONLY



Of **MEDICARE** beneficiaries with newly diagnosed diabetes used DSMT services¹

ONLY



Of individuals with newly diagnosed T2D with **PRIVATE HEALTH** insurance received DSMES within 12 months of diagnosis²

1. Li R, et al. Morbidity Mortality Weekly Report, 2014
2. Strawbridge LM, et al. Health Educator, 2015

Who and Why

People who are at increased/higher risk for experiencing poorer health outcomes due to receiving care that is less than adequate.



Prevalence of Adults Aged 18 years or Older, United States, 2017–2020 by Race/Ethnicity*

Race/Ethnicity	Diagnosed	Undiagnosed	Total
White, non-Hispanic	11.0 (9.4–12.8)	2.7 (1.7–4.2)	13.6 (11.4–16.2)
Black, non-Hispanic	12.7 (10.7–15.0)	4.7 (3.3–6.5)	17.4 (15.2–19.8)
Asian, non-Hispanic	11.3 (9.7–13.1)	5.4 (3.5–8.3)	16.7 (14.0–19.8)
Hispanic	11.1 (9.5–13.0)	4.4 (3.3–5.8)	15.5 (13.8–17.3)

*<https://www.cdc.gov/diabetes/data/statistics-report/diagnosed-undiagnosed-diabetes.html>

Community Health Workers

Often share characteristics with the communities they serve and can help deliver culturally appropriate care

- Lived experiences
- Language
- Religion
- Foods



Burden of Diabetes Treatment

Tran, VT., Barnes, C., Montori, V.M. *et al.* (2015)

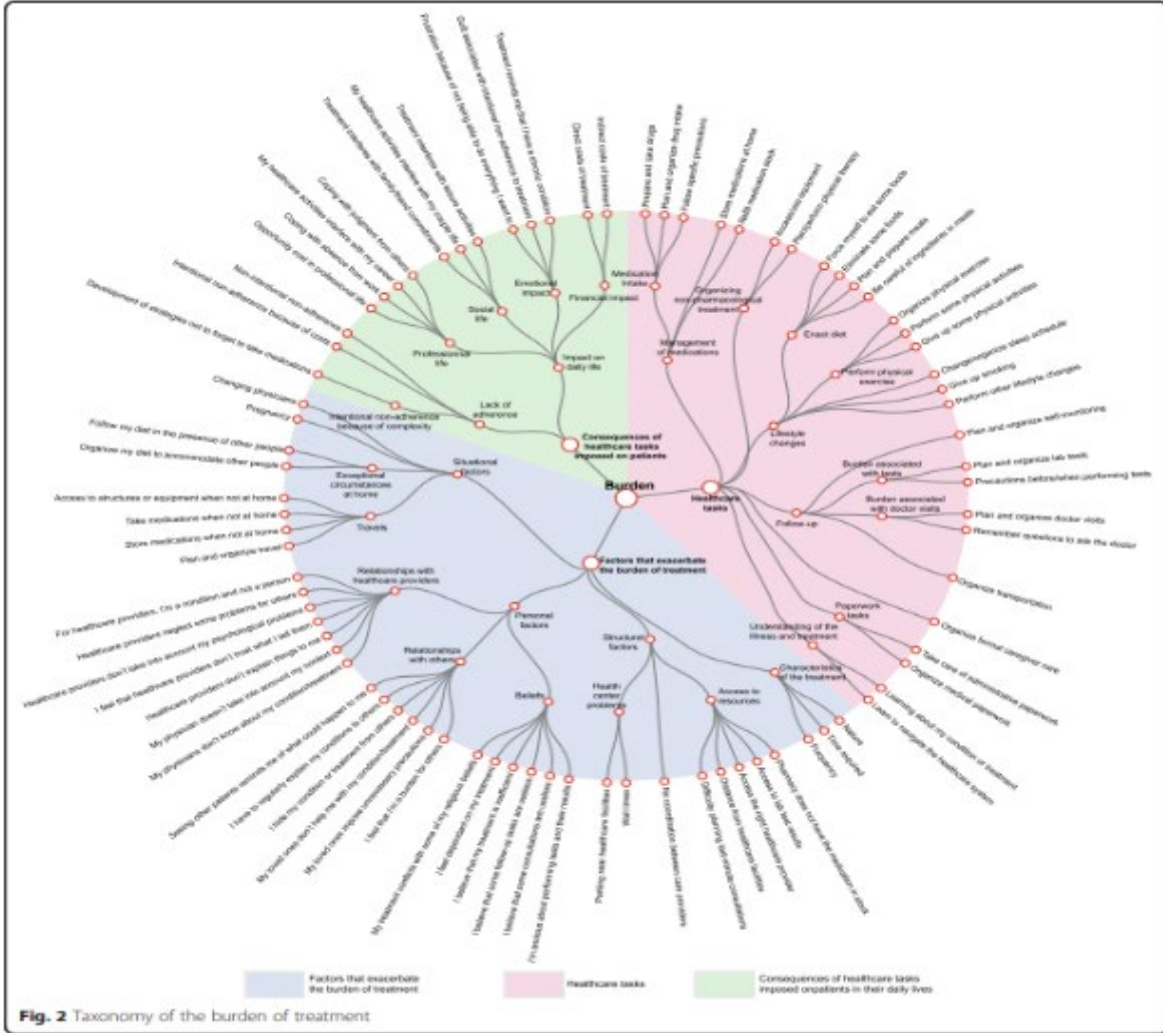


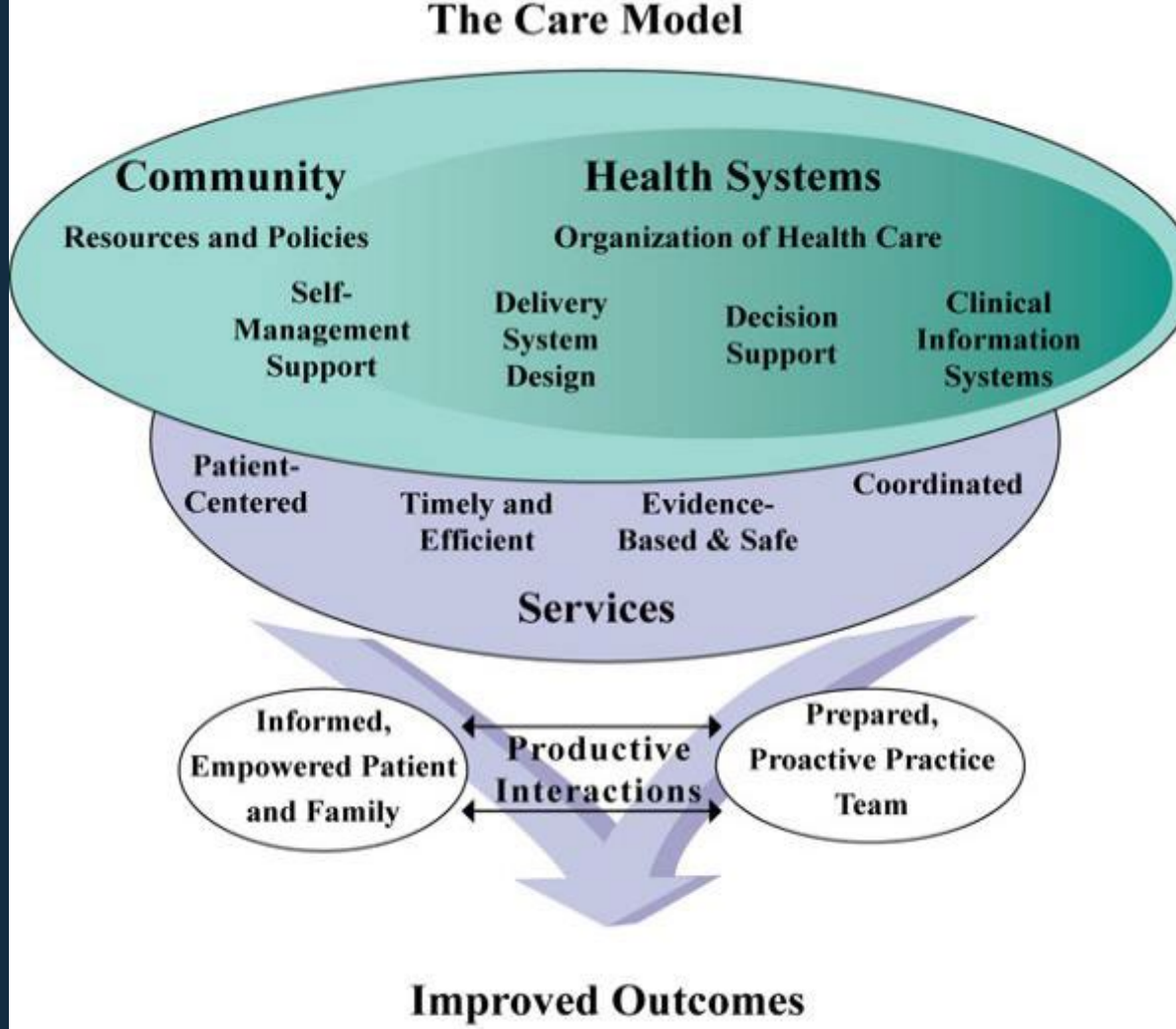
Fig. 2 Taxonomy of the burden of treatment

Diabetes Self-Management – Need for Partnering with CHWs



- $24 \times 365 = 8760$
- Of 8,760 hours in the year, a person with diabetes spends <15 hours with clinicians (medical, DSMES, other services)
 - <1% time spent with providers
- People with prediabetes who may or may not know typically spend even less time with health care providers

The Chronic Care Model – Leveraging CHWs



CHWs Help Improve Diabetes Outcomes Around the World!

- Symptom management
- Dietary intake
- Blood glucose levels
- Blood pressure
- BMI





Poll Question

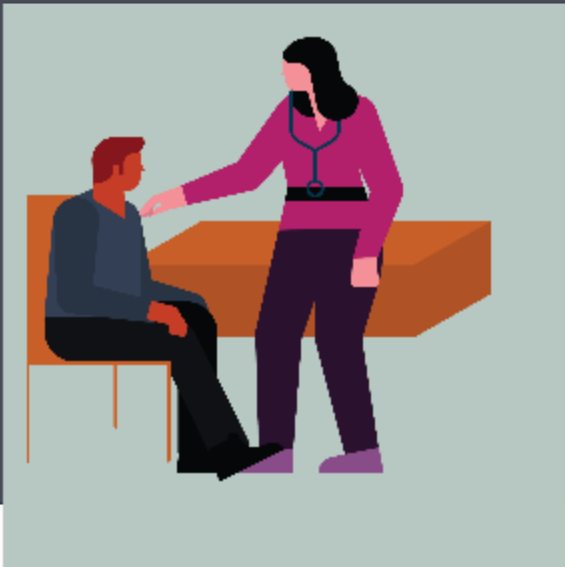
Four Critical Times to Provide and Modify DSMES



- 1) At diagnosis.
- 2) Annually and/or when not meeting treatment targets.
- 3) When complicating factors develop.
- 4) When transitions in life and care occur.

Factors that Indicate Need for DSMES Services

At diagnosis



- All newly diagnosed.
- Ensure that both nutrition and emotional health are addressed or make separate referrals.

Factors that Indicate Need for DSMES Services

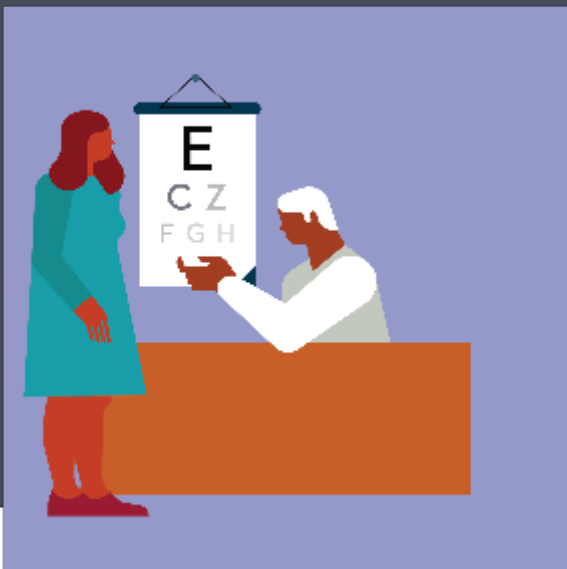
Annually and/or when not meeting treatment targets



- When knowledge and skills need to be assessed.
- Long-standing diabetes with limited prior education.
- Treatment ineffective.
- Change in medication, activity, or nutritional intake or preferences.
- Maintenance of positive clinical and quality of life outcomes.
- Unexplained or frequent hypo- or hyperglycemia.
- When psychosocial and behavioral support is needed.

Factors that Indicate Need for DSMES Services

When complicating factors develop



Change in:

- Health conditions or health status requiring changes in nutrition, physical activity, or medication.
- Physical limitations.
- Emotional well-being.
- Basic living needs.
- Planning pregnancy or pregnant.

Factors that Indicate Need for DSMES Services

When transitions in life and care occur



- Change in living situation.
- Discharge from inpatient to outpatient.
- New clinical care team.
- Initiation or intensification of medication, devices or technology.
- Insurance coverage changes.
- Age-related changes.

DSMES/Ongoing Support

- Build expectations with the patient
- Identify community resources
- Form community-practice partnerships with community-based social support systems/services – churches, grocery stores, pharmacies, fitness centers
- Document as part of the care (electronic health record)





ADCES7 SELF-CARE BEHAVIORS™

- PROBLEM SOLVING*
- REDUCING RISKS*
- MONITORING*
- TAKING MEDICATION*
- HEALTHY EATING*
- HEALTHY COPING*
- BEING ACTIVE*



Summary

Opportunity to **position DSMES services** and **integrate CHWs** to enhance access, improve clinical management, and preserve tomorrow (preventing complications) for people with diabetes

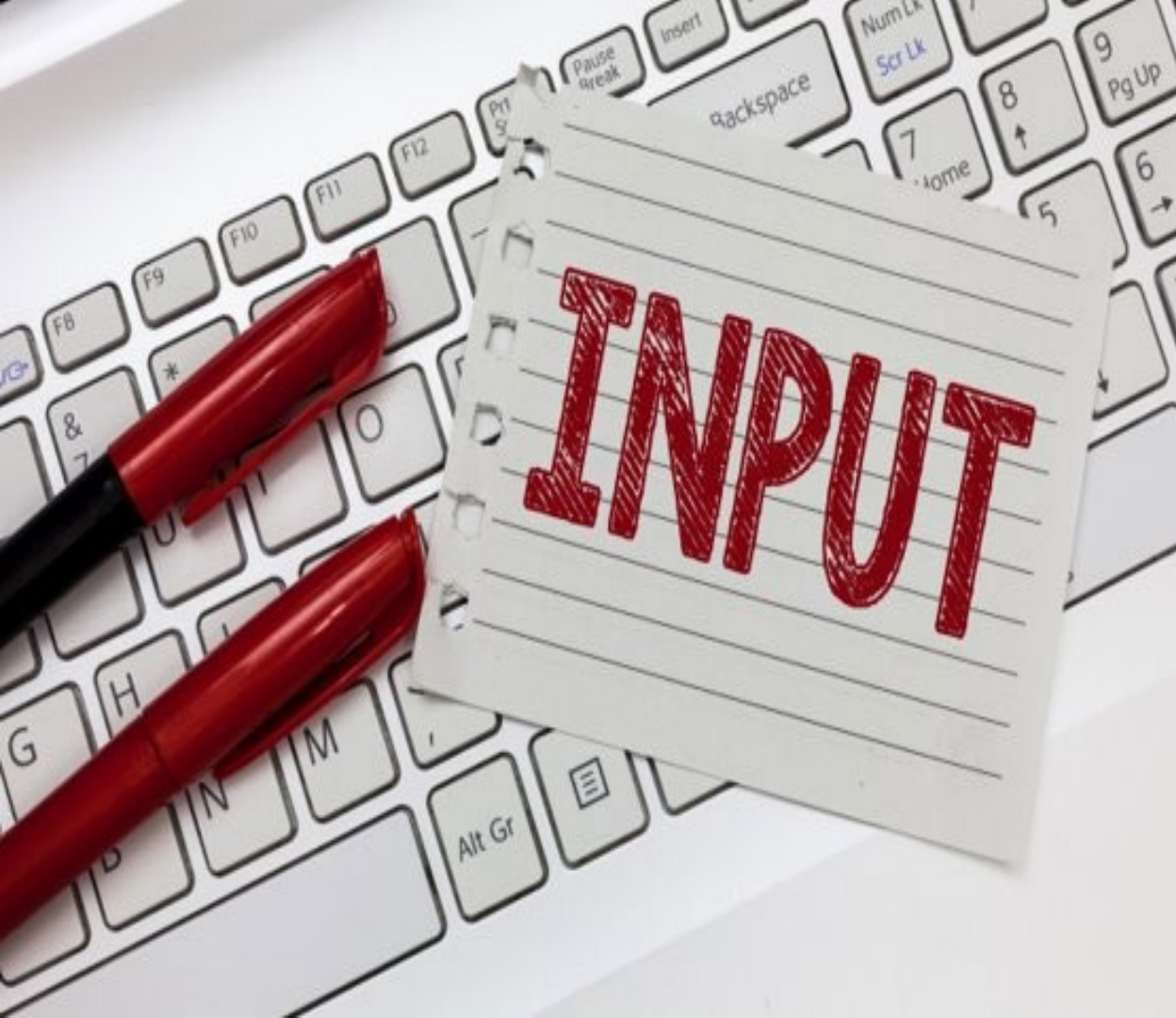
CHWs can...

- Help activate the patient
- Connect patients with community resources
- Help people with diabetes navigate health systems and access services
- Can be key to systems quality improvement

Question and Answer

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The Course Access Code is **Diabetes**.

